	Initial Application
21	Amended Application
Da	te:



COMMITTEE ID NUMBER (office use only)

TEE TYPE (choose one):		050.050	000	
		SEP <b>2.5</b> 2	023_	
Candidate		TOWNCLERK	DE	
Committee Name (required): (first or last name & office)		20110(00222)		
Candidate Information:	Candidate's Name (required):			
	Candidate's mailing address (required):			
	Candidate's email address (required):			
	Candidate's phone number (required):			
Office Sought (choose one):				
	☐ City/Town Office:	District (if applicable):		
	☐ School Board Office:			
		□District (if applicable):		
Flection Cycle for Office Sou	ght (year the election will take place) (re			
Party Affiliation: (required for partisan offices)		ertarian 🗖 Republican 🗖 Other:		
(required for partisan offices)		ertarian 🗖 Republican 🗖 Other:		
(required for partisan offices)  Political Action Com				
Political Action Committee Name (required): (if sponsored, must include sponsor's name)	nittee (PAC) PRESCOTT VALLEY CITIZENS ALLI	ANCE (PVCA)		
Political Action Committee Name (required): (if sponsored, must include	nittee (PAC) PRESCOTT VALLEY CITIZENS ALLI		_	
Political Action Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional):	mittee (PAC)  PRESCOTT VALLEY CITIZENS ALLI  ■ Contributions ■ Candidate- ■ Ballot Measure Expenditures	ANCE (PVCA)  Related Independent Expenditures  Recall Expenditures	_	
Political Action Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)	mittee (PAC)  PRESCOTT VALLEY CITIZENS ALLI  Contributions Candidate Ballot Measure Expenditures  Sponsor's name or nickname (required Sponsor's mailing address (required):	ANCE (PVCA)  Related Independent Expenditures  Recall Expenditures  d):	_	
Political Action Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information:	mittee (PAC)  PRESCOTT VALLEY CITIZENS ALLI  Contributions ☐ Candidate- Ballot Measure Expenditures  Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):	ANCE (PVCA)  Related Independent Expenditures  Recall Expenditures	_	
Political Action Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information:	mittee (PAC)  PRESCOTT VALLEY CITIZENS ALLI  Contributions Candidate  Ballot Measure Expenditures  Sponsor's name or nickname (required Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any):	ANCE (PVCA)  Related Independent Expenditures  Recall Expenditures  d):		
Political Action Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information:	mittee (PAC)  PRESCOTT VALLEY CITIZENS ALLI  Contributions ☐ Candidate- Ballot Measure Expenditures  Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):	ANCE (PVCA)  Related Independent Expenditures  Recall Expenditures  d):	_	
Political Action Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information:	mittee (PAC)  PRESCOTT VALLEY CITIZENS ALLI  Contributions Candidate  Ballot Measure Expenditures  Sponsor's name or nickname (required Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any):	ANCE (PVCA)  Related Independent Expenditures  Recall Expenditures  d):	_	
Political Action Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)	mittee (PAC)  PRESCOTT VALLEY CITIZENS ALLI  Contributions Candidate- Ballot Measure Expenditures  Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any):	ANCE (PVCA)  Related Independent Expenditures  Recall Expenditures  d):		
Political Action Committee Name (required): (if sponsored, must include sponsor's name)  Political Function (optional): (select any that apply)  Sponsorship Information: (if applicable)	mittee (PAC)  PRESCOTT VALLEY CITIZENS ALLI  Contributions ☐ Candidate- Ballot Measure Expenditures  Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any):  Sponsor's website (if any):  Sponsor's website (if any):	ANCE (PVCA)  Related Independent Expenditures  Recall Expenditures  d):  rporation, LLC, Partnership, or Union	_	

□ Political Party	
Committee Name (required): (must include party affiliation	
Jurisdiction:	<ul> <li>□ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)</li> <li>□ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)</li> <li>□ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)</li> <li>□ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)</li> </ul>
Special Status (if applicable)	■ Standing Committee (must also complete separate standing committee registration)

	Initial Application
	Amended Application
Da	te:



Committee's mailing address (required): 8001 N Sage Vista, Prescott Valley, AZ 86315



## COMMITTEE INFORMATION:

Contact Information:

Chairperson's signature:

Treasurer's signature:

Candidate's signature (if applicable):

		Committee's email address (required): pvcitizensalliance@gmail.com	1
		Committee's phone number (if any):	
		Committee's website (if any): pvcitizensalliance.org	
	Chairperson's Information:	Chairperson's name (required): Isabel Cerecedes	
		Chairperson's physical address (required): 8001 N Sage Vista, Prescott Valley, AZ 86315	
		Chairperson's mailing address (if different):	
		Chairperson's email address (required): pvcitizensalliance@gmail.com	
		Chairperson's phone number (required): 775-4848	
		Chairperson's employer (required): N/A	
		Chairperson's occupation (required): Retired	
	Treasurer's Information:	Treasurer's name (required): Tim Ernster	
		Treasurer's physical address (required): 11345 E Harley Dr., Prescott Valley, AZ 86315	
		Treasurer's mailing address (if different):	
		Treasurer's email address (required): pvcitizensalliance@gmail.com	
		Treasurer's phone number (required): 201-5082	
		Treasurer's employer (required): N/A	
	#K 4 02-5	Treasurer's occupation (required): Retired	
	Bank or Financial Institution:	Bank name (required): Foothills Bank	
	(do not list acct numbers)	Additional bank name (if applicable):	
		Additional bank name (if applicable):	/
DECLARA	TION AND SIGNATURES:		
2202/1101	THON AND SIGNATURES:		
	I declare under penelty of a si		
	committee and authorize it to a	ury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as a committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email	

Date: